MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/591030

FILING DATE 8-29-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ʳᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ʳᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2							52						
3		2					53						
4							54						
5		8					55						
6							56						
7							57						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		⬇	1	⬇		⬇	TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.		⬅	19	⬅		⬅	TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS			20				TOTAL CLAIMS						